STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155596	A. BUILDING _____ B. WING _____	06/09/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND SKILLED NURSING AND REHABILITATION	500 N WILLIAMS ST ANGOLA, IN 46703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for a Recertification and State Licensure Survey. Survey dates: June 6-9, 2011 Facility number: 000474 Provider number: 155596 Aim number: 100290510 Survey team: Honey Kuhn, RN, TC Carol Miller, RN Christine Fodrea, RN Census bed type: SNF/NF: 70 Total: 70 Census payor type: Medicare: 5 Medicaid: 40 Other: 25 Total: 70 Sample: 15 Supplemental sample: 21 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 6/13/11 Cathy Emswiller RN	F 000		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in	F 282		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 282	Continued From page 1 accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on clinical record reviews and interviews the facility failed to follow policy in regard to Physician's Orders to obtain laboratory tests. This deficiency affected 3 residents in a sample of 15 who had laboratory tests reviewed (Residents #9, #25 and # 65) Findings include: 1. The clinical record of Resident #65 was reviewed on 6/6/11 at 8:45 A.M. The record indicated Resident #65's diagnoses included, but were not limited to, Alzheimer's with agitation and senile dementia. The Physician's Order Sheet (POS) dated, March 2011 indicated an order to draw a laboratory test for Depakote (a test to check the amount of Depakote in the blood) level every 3 months. The last laboratory Depakote level had been drawn on 2/14/11. There was no laboratory Depakote level dated for May 2011. On 6/7/11 at 8:30 a.m., during an interview with the Assistant Director Nursing Service (ADNS) in regard to the lack of the Laboratory test for the Depakote level for May 2011, the ADNS indicated the laboratory test for the Depakote level did not get transcribed on to the April 2011 Physicians Order Sheet by the pharmacy and was not found by the staff member who checked the Physicians Order Sheet at the end of the month. The ADNS	F 282		

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F 282	Continued From page 2	F 282		

indicated the laboratory test for the Depakote level for May 2011 got missed. The ADNS indicated the Director of Nursing (DON) had identified some laboratory issues and had inserviced staff on 5/6/11.
2. Resident #9's clinical record was reviewed 6/6/2011 at 9:05 a.m. Resident #9's diagnoses included but were not limited to, dementia, bipolar disorder, and depression.

Resident #9's physician's order sheet dated June 2011 indicated complete blood counts (CBC) were ordered monthly on 7/24/09.

A review of laboratory results revealed CBC results were unavailable for the months of April and May 2011.

In an interview on 6/6/2011 at 10:35 a.m. the Medical Records Clerk indicated the CBC results were not able to be located.

In an interview on 6/8/2011 at 8:17 a.m. the Regional Director of Clinical Operations indicated the April and May 2011 CBCs had not been obtained.

3. Resident #25's record was reviewed on 6/7/2011 at 1:40 p.m. Resident #25's diagnoses included but were not limited to, mental retardation, multiple sclerosis, and anemia.

Resident #25's physician's order sheet dated June 2011 indicated complete metabolic profiles (CMP) were ordered to be completed every 3 months on 3/31/09.

A review of laboratory results revealed CMP

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F 282	Continued From page 3 results were unavailable for the months of October 2010 and January 2011. In an interview on 6/8/2011 at 8:35 a.m. the Medical Records Clerk indicated the CMP results were not able to be located. In an interview on 6/8/2011 at 8:17 a.m. the Regional Director of Clinical operations indicated the October 2010 and January 2011 CMPs had not been obtained. In an interview on 6/8/2011 at 2:00 p.m., the Regional Director of Clinical Operations indicated although there was no policy regarding following physician orders, it was understood physician orders would be followed.	F 282		
F 323 SS=D	3.1-35(g)(2) 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to secure medications on the 100 hall potentially affecting 21 of 38 residents residing on the hall. (Resident #2, #5, #9, #11, #13, #14, #23, #30, #38, #42, #45, #46,	F 323		

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F 323	Continued From page 4 #48, #51, #58, #59, #64, #66, #67, #68, and #70) Findings include: On 6/7/2011 between 8:00 a.m. and 8:15 a.m., a 3/4 full 3350 size bottle (approximately 16 ounces) of Miralax , a medication for constipation, was observed sitting at the nurse's station unattended. Between 8:15 a.m. and 8:25 a.m. RN #1 was reviewing charts at the nurse's station and did not secure the medication when she left the nursing station area. Between 8:25 a.m. and 8:30 a.m., the medication was left unattended. Between 8:00 a.m. and 8:15 a.m., Resident #58 walked by and Resident #68 propelled by the nursing station. Between 8:25 a.m. and 8:30 a.m., Resident #68 again propelled herself by the nursing station. Both residents were identified in an interview with LPN #2 on 6/7/2011 at 8:30 a.m. as being confused. In an interview on 6/7/2011 at 8:30 a.m. LPN #2 indicated 28 of the 38 residents residing on the 100 hall were confused and of those 28, 21 residents were independently mobile; Resident #2, #5, #9, #11, #13, #14, #23, #30, #38, #42, #45, #46, #48, #51, #58, #59, #64, #66, #67, #68, and #70. During interview, at 8:30 a.m. on 6/7/2011, LPN #2 indicated the Miralax should not have been unattended behind the nurse's station and should have been secured. During interview, on 6/7/2011 at 8:34 a.m., LPN #3 indicated she had given the Miralax at 8:00	F 323		

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F 323	Continued From page 5 a.m. and forgotten to secure the medication in the medication room. A current policy dated January 2007 titled Pharmacy Services Guideline indicated "...Medications must be stored at the proper temperature and locked at all times except when under direct staff observation...."	F 323		
F 371 SS=F	3.1-45(a)(2) 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure safe storage of thickened liquids in the reach in refrigerator potentially affecting 3 of 3 residents who consume thickened liquids on the date of observation (6/6/2011). The facility further failed to ensure safe food handling practices during plating the food. This has the potential to affect 69 of the 69 residents residing in the facility. Findings include:	F 371		

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F 371	Continued From page 6 During initial kitchen observation on 6/6/2011 at 6:45 a.m. the reach in cooler contained 2 honey thick and 2 nectar thick lemon drinks in quart size each about 1/2 full, one pint of half and half about 3/4 full, one quart sized honey thick milk about 1/4 full, one quart sized nectar thick apple drink about 3/4 full, all open, but undated. In an interview on 6/6/2011 at 7:00 a.m., the Dietary Manager indicated the liquids should have been dated when opened. A current policy dated 2008 titled Food Labeling and Dating provided by the Dietary Manager on 6/7/2011 at 9:30 a.m. indicated ... label all cooked and open items with open...dates.... 2. During food plating observation in the kitchen on 6/6/2011 at 7:20 a.m. Cook #5 took an egg from the top of the cook top with a spatula sliding the egg onto the plate with assist of her bare fingers. During food plating observation in the kitchen on 6/6/2011 at 12 noon, Cook #5 utilized her bare thumb to slide a grilled cheese sandwich from the spatula onto the plate. In an interview on 6/6/2011 at 12:10 p.m., the Dietary Manager indicated food was not to be touched while placing food on plate. A current policy dated 2008 titled Food Labeling and Dating provided by the Dietary manager on 6/7/2011 at 9:30 a.m. indicated ... gloves... must be worn if bare hands are to contact ...food.... 3.1-21(i)(2)	F 371		

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F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure accurate documentation of oxygen liter flow for 1 of 3 residents receiving oxygen in a sample of 15. (Resident #51) Findings include: Resident #51's record was reviewed 6/6/2011 at 11:25 a.m. Resident #51's diagnoses included but were not limited to, chronic lung disease, high blood pressure, and congestive heart failure. A review of physician's orders dated May 2011 indicated Resident #51 was to receive oxygen via nasal canula from 1 to 3 liters per minute to keep oxygen saturations greater than 90 %. A review of oxygen administration documented on the Treatment Flow Sheet dated May 2011	F 514		

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F 514	Continued From page 8 indicated Resident #51 received oxygen, but did not indicate the amount of oxygen given. In an interview 6/8/2011 at 11 a.m., the Regional Director of Clinical Operations indicated the amount of liter flow should have been documented. A current policy titled Pulse Oximetry, Monitoring dated 2008 indicated under the heading Documentation Guidelines...Documentation may include:... Administration of supplemental oxygen. 3.1-50(a)(1)	F 514		